

## Business Case Request:

All fields within the Business Case Request are mandatory/required fields. To ensure a complete Business Case entry, this template provides a preview of the data entry fields and can be printed prior to entering a Business Case Request in the Customer Portal.

**Agency:** (Select from drop down list of Division and Departments)

**IRM:** (Auto populates based on Agency selected, can be manually updated/changed)

**CES:** (Auto populates based on Agency selected, can be manually updated/changed)

**Business Case Sponsor:** (manually type in sponsor name)

**Business Case Name:** (manual entry – BC Name should begin with Agency Acronym)

**Detailed Description:** Clearly define the business problem, challenge or opportunity to be addressed (not the solution):

### Business goals and objectives

**What are the expected benefits of doing this project?** (check all that apply)

- ☐ Cost savings/avoidance/recovery
- ☐ Provide enhanced services
- ☐ Modernization/life-cycling of existing services
- ☐ Information security improvements
- ☐ Other – explain (when you select Other enter Details below)

**Details or Other Description:**

**Are you attaching business requirements?**

Yes/No (when “Yes” is selected attach document to the request. When “No” selected an additional question appears)

(No) **Explain plans to develop requirements:**

**Risk Assessment:** *(Items to take into consideration in accessing risks to a project: Impact on users, willingness to embrace the solution, number of agencies impacted, complexity of the solution, clarity of scope, uncertainty, resource availability from both the project and the business, deadlines on deliverables, stakeholder involvement/agreement, decision making, number of interfaces/integrations, impact of selected technology)*

High/Medium/Low

**Identify the known Risks?**

**What is your perceived complexity of this project?** *(Items to take into consideration in ranking complexity are: maturity of technology, objectives, conflicting objectives, dependencies, number of interfaces or integrations, number of agencies involved, project structure, team structure, development scope, coordination - to name a few)*

High/Medium/Low

**Identify the Complexities:**

**What are the consequences of not addressing this problem or opportunity?**

**Business Criticality**

- ☐ Critical – supports Statewide Public Safety/Health
- ☐ Significant – Supports Statewide Financials
- ☐ Moderate – supports Dept mission or multi Dept/Div
- ☐ Limited – supports mission of a Division
- ☐ Minimal – does not have direct Impact on State
- ☐ Not Applicable – does not have a DR Criticality

**Is this request for a change to an existing system or solution, a replacement of an existing system or solution, or a new system or solution?**

- ☐ Enhancement/Upgrade (when selected the following question appears)

**What is the name of the existing solution or system?**

- ☐ Replacement of an existing system or solution (when selected additional questions appear)

**What is the name of the existing solution or system?**

**Have you evaluated any solutions?**

Yes/No (When “Yes” is selected the following additional questions appear)

**Solution(s) evaluated?**

**Vendor(s)?**

**Cloud solution?**

Yes/No

**Is there an existing State of Delaware contract vehicle to procure this solution?**

Yes/No/Don't Know

**Are you planning to build a custom solution?**

Yes/No (When “Yes” is selected the following additional questions appear)

**Reason for custom solution**

**Do you plan to publish an RFP for a solution?**

Yes/No

☐ Implementation of new solution (when selected additional questions appear- see below)

**Have you evaluated any solutions?**

Yes/No (When “Yes” is selected the following additional questions appear)

**Solution(s) evaluated?**

**Vendor(s)?**

**Cloud solution?**

Yes/No

**Is there an existing State of Delaware contract vehicle to procure this solution?**

Yes/No/Don't Know

**Are you planning to build a custom solution?**

Yes/No (When “Yes” is selected the following additional questions appear)

**Reason for custom solution**

**Do you plan to publish an RFP for a solution?**

Yes/No

**Does this project align with the Governor's Action Plan for Delaware? (For more information please access the [Governor's Action Plan](#))**

Yes/ No/ Don't know (When “Yes” is selected the following additional question appears)

**Provide additional details:**

**Is this to address a Federal or State mandate?**

Yes/ No

**How many agencies are affected or involved?**

One agency/Two agencies/ Three or more agencies (When 2 or 3+ is selected the following question appears)

**Name the Agencies affected**

**Who are the individuals or groups that will be using the application? (Third Party: A non-state person or party that requires credentials to gain access to an application)**

State/Public/Third Party (select all that apply and if Third party is selected the following question appears)

**Third Party Name:**

**Will this solution be internet facing? (Internet facing is any system or service that can be accessed from the Internet)**

Yes/No

**What is the data classification of this system?**

Public/Confidential/Secret/Top Secret/Not Applicable

**Expected cost of this project**

<100k/\$100k-200k/\$200k-500k/\$500k-1M/>\$1M

**Are all necessary funds currently available to support this project?**

Yes/No (When “Yes” or “No” is selected the following additional questions appear)

**(Yes) Type of Funding and amount?**

General funds

Special funds

Federal/Grant funds

Other

**(No) If no, explain****How long do you expect this project to take?**

<6 Months/ 6-12 Months/ >12 Months

**Is there a desired start date?**

Yes/No (When “Yes” is selected the following additional question appears)

**Desired Start Date**

Enter MM/DD/YYYY or select from the calendar

**Is there a required completion date?**

Yes/No (When “Yes” is selected the following additional question appears)

**Required Completion Date**

Enter MM/DD/YYYY or select from the calendar

**Reason for required completion date****Do you anticipate needing DTI Resources for this project?**

Yes/No

**Please select resources required from the options below**

- ☐ Project Manager – not checking assumes agency will manage project
- ☐ Technical Resources – outside of ARB review and approval

**Business Case Prioritization (Please select the option below that best describes the agency priority for this request)**

- ☐ Needed to meet a deadline
- ☐ This is a near-term strategic goal for the agency
- ☐ This needs to be done, but it is not urgent
- ☐ This is desired, but there are higher priorities

**Additional Information/Comments**

When required or appropriate, add document attachments by selecting the paperclip at the bottom of the Business Case Request screen.